U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Office Chily Rec'd	in the marrial prosecution, lines, or civil periantes as provided by 29 0.0.0 439 or 440.
	LLY BEFORE PREPARING THIS REPORT.
E CAS DEOF	
1. File Number U - <b>ROGR</b>	2. Fisca ad From:
	[c <u>2]</u> / <u>2005</u> Through: [(2) / [3] / [2005]
3. Name and address of person filing.	4. Name, file——ber, and address of labor organization.
Name Richard A Berthelsen	Name NFL Players Association
	Labor Organization File Number 065-533
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street DOZI L Street NW	Street 2021 L. St. N.W.
City Washington	City Washington
State DC ZIP Code + 4 2003C	State ZIP Code + 4
5. Position in labor organization. General Counsel	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
A. Held an interest in, engaged in transactions (including roans) with, or monetary value from an employer whose employees your organizat	tion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Ruliand A Brichile	On 5/12/06 202-463-2217  Date Telephone Number

KICHAIA BRITHEDEN	<u> </u>	
B. Held an interest in or derived income or economic benefit with monetary value from a bust ess (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name William Martin  Trade Name, if any: Blank Rome LLP  P.O. Box, Bldg., Room No., if any Watergate  Street 600 New Hampshire Ave NW  City Washington  State DC ZIP Code + 4 2003C  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Legal Services (in past)	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. [420,000]  12.a. Nature of interest held or income received.  Two tickets to Washington  Wizards v. Chicago Bulls playoff  game in Law firm's box-5b-105	
	12.b. Amount. \[ \int \\$4\\ 50\\ \]	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing or value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Richard Berthelsen	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Yablonski, Both & Edelman	X a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 800	c. Employer	
Street 1140 Connecticut Ave MW		
State		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Legal Services	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. 270,000/yr.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Christmas Gift - Wine	
	12.b. Amount. \$7.50.00	
	12.0. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, cr irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.	
P.O. Box, Bidg., Room No , if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
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Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.	
	12 b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	<del></del>	
13.b. Is the Business an Employer 7 or Consultant 7	14.b. Amount of payment.	